

WHITE FLASHING LIGHT PERMIT INSTRUCTIONS

DIRECTIONS TO ISSUE A WHITE FLASHING LIGHT PERMIT:

1. Complete this form online.
2. Print and keep signed copies on file, at the service, while the permit remains active.
3. When a permit is issued, log into the System Registry, select the provider on the service roster and enter the requested information within 15-days.
4. **DO NOT SEND COPIES TO THE BUREAU OF EMERGENCY AND TRAUMA SERVICES.**

INFORMATION FOR THE PERMIT HOLDER:

The Service Director or the IDPH may approve or deny an application. The IDPH may place on probation, suspend or revoke a permit if the Service Director or IDPH finds reason to believe the applicant failed to follow the rules governing the white flashing lights, has been convicted of a moving violation while using the white flashing lights, has utilized a white flashing light without a permit, does not have a valid driver's license or does not have a current vehicle registration.

1. Read 641—133(147A) www.idph.state.ia.us/ems >> Bureau >> Iowa Code and Administrative Rules.
2. Iowa law permits the use of white flashing lights for identification of emergency providers who are responding to an emergency, at the scene of an emergency and while transporting a patient during a disaster.
3. Displaying white flashing lights does not grant the right of way, the light is for identification purposes only.
4. White flashing lights does not permit the vehicle operator to violate laws governing vehicle operation.
5. A permit must be issued for each vehicle and a copy of the permit must be carried in the vehicle.
6. Operators of a vehicle with white flashing lights must maintain a current vehicle registration, liability insurance and a valid driver's license.
7. White flashing lights may be used in conjunction with red or blue flashing lights if the appropriate permits are maintained.

PERMIT HOLDER INFORMATION:

First Name:

Last Name:

Physical Address:

City:

State:

Zip Code:

Vehicle Owner (If different than above):

First Name:

Last Name:

I hereby certify that the information on this permit is correct. I agree to use white flashing lights in accordance with Iowa law and administrative rules.

Signature:

Date:

COMPLETED BY THE SERVICE DIRECTOR:

Date permit issued:

THIS PERMIT EXPIRES 5-YEARS FROM THE DATE OF ISSUE.

Service Name:

Service City:

Service Director: First Name:

Last Name:

Phone:

Email address:

I hereby certify that the individual named on this permit is a member in good standing with this service.

Signature:

Date: